

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth <small>- -</small>	Plan Type <small>(Check One)</small> <input type="checkbox"/> State <input type="checkbox"/> County
Social Security Number <small>- -</small>		Retirement Number	
Address <small>City State Zip</small>			
Home Phone	Work Phone	Employer	

State/County Non-Contributing Member Form

This form serves as official notification that a member has ceased employment. According to §23-2301 (County) and § 84-1301 (State), termination of employment occurs on the date on which the state/county determines that the member's employer-employee relationship has dissolved. The employer shall notify NPERS of the date on which termination has occurred. This form is also used if there is any other interruption of a member's retirement contributions, such as seasonal employment or a leave of absence.

Ceased Employment

Termination Date _____

Date of Final Pay _____ Gross Final Pay \$ _____

Emergency Warrant Issued? ☐ Yes ☐ No

Reason for Termination

☐ Resigned ☐ Deceased ☐ Disability ☐ Retired☐ Other (explain) _____**Leave or Intermittent Status**

Last Pay Date _____

Reason for Change in Status

☐ Military Leave ☐ Disability ☐ Family Medical ☐ Seasonal/Intermittent ☐ Suspension☐ Other (explain) _____

Anticipated Date of Return (if known) _____

This certifies that the above information is correct to the best of my knowledge.

Agency/County Signature _____ Date _____

Typed or printed name of Agency Contact _____ Title _____

Telephone Number _____